

**Alabama Department of Human Resources  
CHILD CARE SERVICES DIVISION  
Child Care TAS Adjustment Request Form**

Facility Legal/License Name	Provider 10-Digit ID 5000 ____ ____ ____ ____ ____		
Facility Name	County		
Name of Facility Owner/Operator	Phone		
Facility Mailing Address	City, State, Zip		
	Email		
By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.			
<b>SECTION 1: REASON FOR REQUEST</b>			
<div style="display: flex; justify-content: space-between;"> <div>           ____ Parent did not receive TAS card            ____ POS device was not received            ____ POS device was not working            Other _____            _____            _____         </div> <div>           ____ Pay was incorrect            ____ Received PT payment for FT child            ____ Pay not correct for provider closure day         </div> <div>           ____ Pay not correct for school closure day            ____ Registration fee         </div> </div>			
<b>SECTION 2: CHILD AND PARENT INFORMATION</b>			
Name of Child	Child Authorization ID	Settlement Date	Name of Parent
1.			
2.			
3.			
4.			
5.			
_____ <i>Facility Owner/Operator Signature</i>		_____ <i>Date</i>	
<b>SECTION 3: DECISION (to be completed by DHR)</b>			
<input type="checkbox"/> <b>Approved</b>  <input type="checkbox"/> <b>Approved with modifications</b> _____ _____ _____		<input type="checkbox"/> <b>Denied</b> ____ Child paid correctly      ____ Family/child not eligible ____ Past 30 day time frame ____ Adjustment paid on _____ <div style="text-align: right;"><i>Settlement date(s)</i></div> Other _____ _____	
DHR Representative _____		Date _____	
Comments:			

*DHR official Form TAS-1. This form must be complete and accurate. Failure to respond truthfully to any of the requested information may result in revocation or refusal to renew license pursuant to Code of Alabama 1975, Section 38-7-8 and termination from participation in the Child Care Subsidy Program.*

**Alabama Department of Human Resources**  
**CHILD CARE SERVICES DIVISION**  
Office of Child Care Subsidy

**Child Care TAS Adjustment Request**

**Instructions for Filing a Request with the Child Care TAS Adjustment Review Committee**

Requests must be filed on the approved Child Care TAS Adjustment Request Form. **Requests filed on other forms or requests not meeting the following criteria will not be accepted and will be returned to the child care provider. FAX requests will not be accepted and will be returned to the child care provider.**

1. All entries made by a provider on the request form should be printed in ink or typewritten.
2. You **must** file the original request form with the Child Care Services Division. Copies of any supporting documentation (see #8) **must** be included with the request form.
3. The **facility legal/license name, facility name, name of facility owner/operator, facility mailing address, provider 10-digit ID, county, and phone number** must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without provider 10-digit ID cannot be processed and **will be returned** to the child care facility. The provider 10-Digit ID begins with the number five (5) and is found on the Provider Notice of Registration.
4. **REASON FOR REQUEST:** The *Reason for Request* [Section 1] must be completed so that the TAS Adjustment Review Committee can understand the basis of the request.
5. **CHILD AND PARENT INFORMATION:** The *Child and Family Information* [Section 2] must be completed to include the child's name as it appears on the Provider Web Portal, the Authorization ID (which is the number beginning with a four (4) located next to the child's name), the settlement date (which is located on the Provider Payment Report), and the name of parent.
6. **REGISTRATION PAYMENTS:** Parent information and settlement date are not required when requesting payment for registration fees. For registration fee payments, complete a separate form from adjustment requests. Multiple children/families can be added to one form.
7. **SIGNATURES:** The request must be signed, in ink, by an authorized representative (facility owner/operator) of the child care program. Request forms not containing **original** signatures, in ink, will be returned. Requests with photocopied or electronically generated signatures will not be accepted. Fax requests will not be accepted.
8. **SUPPORTING DOCUMENTATION:** The child care facility is responsible for including copies of all documents needed to support his/her request. Acceptable supporting documentation includes the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested and/or a doctor's statement.
9. **SUBMITTING REQUESTS:** Mail completed request form and all supporting documentation to:

**ALABAMA DEPARTMENT OF HUMAN RESOURCES**  
**CHILD CARE SERVICES DIVISION**  
**50 N. RIPLEY STREET, P.O. BOX 304000**  
**MONTGOMERY, AL 36130-4000**  
**TELEPHONE (334) 242-1425**

The burden of proof rests with the child care provider. Submittal of supporting documentation is the responsibility of the child care provider and not the Child Care TAS Adjustment Review Committee, the Alabama Department of Human Resources, the Child Care Services Division or the Child Care Management Agency.